

United States Department of Agriculture

Form Approved O.M.B. Number 0505-0001

ADVISORY COMMITTEE MEMBERSHIP BACKGROUND INFORMATION

U.S. Department of Agriculture Rm 5805, South Building 1400 Independence Avenue, S.W. Washington, D.C. 20250-2000 202-720-7017

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability, and availability for service on advisory committees. The information will be used to conduct background clearances and/or for annual responses on advisory committees. Failure to submit this information may result in nonselection of a prospective advisory committee member or termination of the committee.

| 1. | Name (Last, First, Middle) | 2. | Social Security Number |
|-----|----------------------------------------------------|-----------------------------|------------------------------|
| 3. | Residence Address (Include ZIP Code) | 4. | Telephone Home: Office: FAX: |
| 5. | Place of Birth | 6. | Date of Birth |
| 7. | Name of Employer | | |
| 8. | Employer Address (Include ZIP Code) | 9. | Your Occupation/Title |
| 10. | List your business experience | • | |
| 11. | List your education and any specialized experience | | |
| | | (Continued on reverse side) | Form AD-755 (8/31/92) |

| 12. | 12. If applicable, how long have you been engaged in farming or production, a (i.e. List acreage and pounds produced by kind of crop, as well as k | nd what is the size of your farming operation? inds and numbers of livestock.) | |
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| 13. | 13. List producer or farm organizations (<i>Include whether a member or officer</i> of the content of | and how long affiliated.) | |
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| 14. | List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory committee | | |
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| 15. | 15. List any Federal advisory committee or board on which you are currently a served on that committee or board. | member and the number of years you have | |
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| 16. | 16. List sources of income - in excess of \$10,000 - for the past calendar year from th | om other than your primary employment. | |
| | List only sources; do not show amounts of income from each source. | | |
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| 17. | 17. Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable by imprisonments) | nent of longer than one year.) If so, please explain. | |
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| 18. | 18. As a result of your participation in Federal programs, have any judgments any governmental programs relative to the purposes of the advisory comm criminal actions been initiated against you? If so, please explain. | been rendered against you? As a result of participation in ittees for which you are a nominee, have any civil or | |
| | | | |
| Sign | Signature Date | | |